

Continuum of Care Reform Accreditation Meeting February 15, 2013

Participants:

Marie Ary	Karen Grace-Kaho	Bill Martone	Angela Valdez
Patric Ashby	Karen Gunderson	Shanel Moore	Brian Van Anne
Rich Barna	Dayna Haldeman	Shirell Naidu	Emily Villas
Monica Bentley	Kahmaria Holleman	Loretta Perez	Roberta Williams
Alicia Blanco	Lila Hollman	Rick Pimentel	Jackie Wong
Shelby Boston	Jennifer Hoppe	Fanita Polk-Reaves	Jeany Zepeda
Diana Boyer	Rhonda Hurst	Michael Rauso	Lynnie Butler
Vernon Brown	Aaron Goff	Karen Richardson	Vince Richardson
Mareva Brown	Joseph Isidro	Damien Rideaux	Cheryl Treadwell
Caroline Caton	Myesha Jackson	Jim Roberts	Mei Yuk Kung
Liz Crudo	Doug Johnson	Jackie Rutheiser	Phone:
David Danwing	Ellie Jones	Marisa Sanchez	Kathy Davis
Nenita Dean	Emily Katz	Michael Schertell	Karen Ullman
Dana Delmastro	Becky Kennedy	Carroll Schroeder	Jean Chen
Cora Dixon	Cheryl King	Angie Schwartz	Bruce Oliver
Leslie Ellis-Lang	Donna Lagarias	Megan Stout	Valerie Early
Barry Fox	Melinda Lake	Charlissa Strong	Sherry Celio
Lori Fuller	Peggy Lavin	Robert Stovall	Jim Salio
Kevin Gaines	Nancy Littlefield	Ray Thomas	
Marcellia Goodrich	Deborah Lowery	Theresa Thurmond	
	Stephanie Lynch	Erin Thuston	

Presentation from National Accreditation Agencies

National Accreditation Presenters:

- Peggy Lavin Sr. Associate Director, Behavioral Health Care and Jennifer Hoppe, Deputy Director State Relations of The Joint Commission (JCO)
- Richard Klarberg, President and CEO of the Council on Accreditation (COA)
- Leslie Ellis-Lang, MFT, Commission on Accreditation of Rehabilitation Facilities (CARF)

National Accreditation Key Discussion Points:

- Workgroup member Carroll Schroeder of the Child and Family Alliance provided a brief historical review of national accreditation including timelines and the overall process and objectives (in-depth, comprehensive, transparent review by an impartial national organization resulting in implementation of standards of quality with ongoing CQI - see power point presentation at <http://www.childsworld.ca.gov/PG2976.htm>).
- Representatives from the three national accrediting organizations presented information regarding their organization's accreditation process and objectives (see power point presentations at <http://www.childsworld.ca.gov/PG2976.htm>). In addition to the overall benefits and challenges summarized below,
 - Ms. Lavin emphasized that JCO can serve as a resource to state licensing organizations allowing states to target resources where they're most needed.
 - Mr. Klarberg emphasized that though agencies don't have to be accredited to provide quality services, accreditation does demonstrate to recipients and the community that the provider is committed to delivering high quality services and willing to be held accountable for that performance.

**Continuum of Care Reform
Accreditation Meeting
February 15, 2013**

- Ms. Ellis-Lang emphasized that CARF doesn't accredit entire organizations unless requested; instead, the focus of CARF is programs within organizations (446 organizations in CA and 2698 programs) and measures success by the satisfaction of children, families, and stakeholders.
- **Summary of Benefits and Challenges of Accreditation:**
 - Benefits**
 - Reflects nationally recognized best practices and standards of quality.
 - Accredits agencies to the highest standard, whether that is the national standard, the state standard, or agency standard.
 - Provides in-depth comprehensive reviews and technical assistance by impartial, highly trained reviewers who are also providing similar services in other jurisdictions (i.e. "peer reviews" concept).
 - Provides strength based partnership that works to support both large and semi-small providers through the process and beyond.
 - Provides a common vision and ensures agencies have the adequate infrastructure and the necessary management/leadership in place.
 - Ensures that agencies have and provide the necessary training to all staff.
 - Validates and communicates agency's commitment to providing quality services, and motivates agencies through positive results.
 - Provides for a continuous process of quality improvement that includes feedback from consumers (children/youth/families).
 - Increases the likelihood that provided services will produce desired outcomes and be a positive experience for consumers (children/youth/families) when combined with outcome and satisfaction measures.
 - Relatively inexpensive (cost for accreditation is 1/10th of 1% of overall agency budget).
 - Communicates back to the State agency if there are immediate health and safety concerns on a timely basis, and informs the State when the agency has met all accreditation standards (if part of the state's requirements).
 - Challenges**
 - Lack of empirical research regarding whether or not accreditation directly results in improved outcomes for child welfare or probation populations.
 - Effects on culturally centric or small providers – process take several months to complete and require significant staff time.
 - Ensuring certified homes and caregivers within the accredited agency meet the same accreditation standards and requirements as the agency.
 - Defining and determining the intersect between national accreditation and CCLD.

Panel Discussion from Accredited Providers

Accredited Providers Panel:

- Vernon Brown, ASPIRAnet (JCO)
- Rich Barna, Tahoe Turning Point (CARF)
- Karen Alvord Lilliput (COA – currently in the process)
- David Danwing, Nueva Amanecer Latino Children's Services (COA)

**Continuum of Care Reform
Accreditation Meeting
February 15, 2013**

Accredited Providers Key Discussion Points:

1. How has Accreditation been useful to you:
 - a. PQI process (all inclusive performance quality improvement; creates an atmosphere for continuous improvement and feedback; developing services for youth not the agency)
 - b. Valued the peer review process in Alliance. Now, in COA, the infrastructure and system framework for bringing improvement into the organization; without it – it's about minimum CCL standards; focus is on quality, accountability, transparency and engaging staff, providers, and clients; feedback being integrated throughout the organization; ensuring that outcomes being achieving are the ones we set out to achieve.
 - c. Person centered therapy; forced agency and staff to focused on what's in the best interest of those we serve; survey identified need for improvement in having data on how well are youth doing and progressing while in care with agency ... resulting in honing services.
 - d. Went from COA to JCO; accreditation supports comprehensive and consistency across sites/services; tracer methodology at point of service here's what we're doing; here's how we're meeting the service needs. Example of QA and satisfaction survey affecting service and how standards translate into service and impact organizational culture - - no longer using label of caseworker, staff are considered mentors or coaches.
2. Discussion about supports from the accrediting organization:
 - a. Smaller provider; CARF focus is the agency helping the youth from the youth perspective; what CARF was responsive; provider had to teach agency staff how to talk same language as CARF, i.e. adopting needs and services plans and CARF treatment plans.
 - b. Because a supportive improvement process is in everyone's best interest, when an agency doesn't meet standards the accrediting organization gives a time limited opportunity for improvement to occur. However, eventually, if improvement doesn't occur, or if the standard is a CA CCL requirement, steps are taken to suspend/cite/etc. as appropriate.
3. Did any homes you certify opt to not work with you based on your decision to become accredited?
 - a. No, because standards are high already
 - b. Opposite; framework around quality control helps us be more effective in service delivery which caregivers appreciate
 - c. Recruitment of homes increased as a result of accreditation; newly adopted practices/framework provide the transparency and communication families and caregivers are seeking
 - d. Agency-wide commitment to ongoing quality management that staffs support because they're considered a part of quality management and understand their role and relationship to quality. Accreditation provides a methodology and place and time

**Continuum of Care Reform
Accreditation Meeting
February 15, 2013**

for reviews; staffs (and clients) experience the resulting quality improvement decisions and actions leading to continuing support of the ongoing quality management model.

4. CDSS Foster Care Ombudsman shared findings and observations that there are four commonalities of those facilities rated as Good:
 - a. Value youth voice – this is the most important feedback you can get
 - b. Staff are trained, understand and are able to articulate their program
 - c. Leadership is able to articulate their commitment to and importance of the work
 - d. A home-like, well-maintained quality physical plant

Panel Discussion from County Child Welfare Agencies

Child Welfare Performance Contracting/MOU Panel:

- Karen Richardson, Los Angeles
- Barry Fox, San Diego
- Stephanie Lynch and Alicia Blanco, Sacramento

Performance Contracting/MOU Key Discussion Points:

1. What prompted you to do this and what was your administrative process both providers and staff
 - a. LA: Wanted to ensure consistent standards with providers, that providers would be responsible for any actions, insurance, and fiscal oversight; wanted performance standards (developed with provider community); annual reviews, onsite, interviews, probation placements too, provide report to BOS and agency and CCL receive a copy. Corrective Action can lead to being on hold and terminated.
 - b. SAC: 4 overarching goals for MOUS; improve outcomes, create consistency, clarify expectations; and define roles and responsibilities; engaged FFA county management and supervisors; worked together with FFA to provide FFA and county staff training; started with 40 FFAs and finished with 37; 35 have kids placed (only use those who have signed MOU); moved from general to the specific goals, then added the monitoring process. As more data becomes available, outcome information will be used to help determine placements.
 - c. San Diego: General agreements were soft didn't have the teeth to address problems and no specific outcomes, just processes. Now specific outcomes have been identified.
2. How do your agreements address Special Needs placements:
 - a. SAC – Through collaboration with FFA's developed a data base that has the characteristics of each home so staff can search for the homes that best meet needs. Data base serves as a starting point for identifying possible homes; collaborate with FFAs about what the specific special need is so recruitment can be focused.
 - b. LA – Program statement includes what needs a home can meet; also work with FFAs to let them know what's needed, i.e. whole family foster homes. Will use non-contracted homes if contracted homes can't meet the special needs of a given child/youth.

**Continuum of Care Reform
Accreditation Meeting
February 15, 2013**

3. Outcomes:
 - a. LA: Very similar to CFSR; provide a performance measures report on how they're doing; Safety is focus but want to add P and WB.
 - b. Sac: Developed outcome and process measures; working to align FFA performance with child welfare agency outcomes and goals; learning that not all staff and FFAs have same concept of permanency; process has allowed child welfare agency to identify inconsistencies around philosophy and approaches and data systems for purpose of alignment (training, data system development, etc.). Developing data tools through collaboration with FFAs. Developed Foster Family Quality of Care In-box so that any social worker can report quality concerns regarding any home; FFA or FFH; home is put on hold pending review, child welfare meets with CCL monthly to review reported concerns and determine next steps.
 - c. San Diego: Added specific goals for Non-Minor Dependents; GH monitoring unit grew to complete more review/monitoring (incident reports, reviewing files, interviewing staff/youth); co-investigate with CCL.
4. Process for youth input:
 - a. LA : Reviews include confidential interviews with youth
 - b. SAC: Goal in MOU requires agency to have monthly meetings with youth about case plans and what the youth wants in order to ensure the youth is being consulted and listened to
 - c. San Diego: Uses TDM to ensure voice of youth (occur prior to any change in placement)
5. Lessons learned:
 - a. San Diego: Want providers to accept the difficult youth; because of daunting outcomes some are hesitant; more effort/planning on how to address this; evolution of county staff from seeing placement as a destination to an intervention
 - b. SAC: Youth advocates - don't always have one, should have brought them on sooner, and need to find a way to sustain the youth advocate program. Data tools are time intensive. By listening more we can learn how we can improve accountability process; learning to review data not just stories; found that in some cases high performance is a myth – through data and reviews is finding out what agency is really doing what vs. what was thought to be happening. Importance of communication -- FFA quarterly meetings increased to monthly and co-chaired by child welfare and rotating FFA.
 - c. LA: Enhance collaboration with FFA social workers; needs and service plans not being done timely; working to correct but need to include county social workers who may also be contributing to delays.
6. How have processes included other county partners to leverage their resources
 - a. LA: Could do better with this by requiring providers to be contracted with MH.
 - b. SAC: Liaison with MH streamlined program to prioritize services for child welfare; regular meetings with probation; now learning about board and care facilities to better support qualifying AB12 youth.
 - c. San Diego: Behavioral health contracts with level 14 to provide day rehab for youth who need this extra support.

**Continuum of Care Reform
Accreditation Meeting
February 15, 2013**

7. Will you require homes to be Accredited:
 - a. LA: No, but depending on our data, this could be required in future homes
 - b. SAC: Accredited homes receive priority following relatives; looking forward to data from tool that will track outcomes between accredited and non-accredited homes. Preliminary finding is that accredited homes are performing better in areas in permanency. Believes that though accreditation increases/improves standards and strengthens infrastructure, a separate county monitoring system is necessary to ensure infrastructure is resulting in desired outcomes (i.e. performance based contracting or MOU).
 - c. San Diego – Not yet, comfortable with the monitoring that goes on between county and CCLD.